



MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION AND SOIL CONSERVATION DIVISION
WATER PROTECTION PROGRAM, WATER POLLUTION BRANCH
P.O. BOX 176, JEFFERSON CITY, MO 65102

FORM B2 – APPLICATION FOR CONSTRUCTION OR OPERATING PERMIT FOR FACILITIES WHICH RECEIVE PRIMARILY DOMESTIC WASTE AND HAVE A DESIGN FLOW MORE THAN 100,000 GALLONS PER DAY

FACILITY NAME	PERMIT NO. MO-
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APPLICATION OVERVIEW

Form B2 has been developed in a modular format and consists of Parts A, B, and C and a “Supplemental Application Information” (Parts D, E, F, and G) packet. All applicants must complete Parts A, B, and C. Some applicants must also complete parts of the Supplemental Application Information packet. The following items explain which parts of Form B2 you must complete.

BASIC APPLICATION INFORMATION

- A. Basic Application Information for all Applicants. All applicants must complete Part A.
- B. Additional Application Information for all Applicants. All applicants must complete Part B.
- C. Certification. All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION

- D. Expanded Effluent Testing Data. A treatment works that discharges effluent to surface water of the US and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):
 - 1. Has a design flow rate greater than or equal to 1.0 mgd.
 - 2. Is required to have a pretreatment program (or has one in place), or
 - 3. Is otherwise required by the permitting authority to provide the information.
- E. Toxicity Testing Data. A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):
 - 1. Has a design flow rate greater than or equal to 1.0 mgd.
 - 2. Is required to have a pretreatment program (or has one in place), or
 - 3. Is otherwise required by the permitting authority to provide the information.
- F. Industrial User Discharges and RCRA/CERCLA Wastes. A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives a RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:
 - 1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter 1, Subchapter N (see instructions); and
 - 2. Any other industrial user that:
 - a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
 - b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
 - c. Is designated as an SIU by the control authority.
- G. Combined Sewer Systems. A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)



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**FORM B2 – APPLICATION FOR CONSTRUCTION OR OPERATING
PERMIT FOR FACILITIES WHICH RECEIVE PRIMARILY DOMESTIC WASTE
AND HAVE A DESIGN FLOW MORE THAN 100,000 GALLONS PER DAY**

FOR AGENCY USE ONLY

CHECK NUMBER

DATE RECEIVED

FEE SUBMITTED

PART A – BASIC APPLICATION INFORMATION

1.00 THIS APPLICATION IS FOR

☐ a construction permit ☐ Federal/State Funded Project ☐ an operating permit renewal: permit no. _____ Expiration date: _____
☐ an operating permit for a new or unpermitted facility ☐ an operating permit modification
(See instructions for appropriate fee to be submitted with application) Reason: _____

1.10 IS THIS A NEW FACILITY CONSTRUCTED UNDER A MISSOURI CONSTRUCTION PERMIT?

☐ YES ☐ NO

IF YES, PLEASE PROVIDE MISSOURI CONSTRUCTION PERMIT NUMBER

2.00 FACILITY

NAME		TELEPHONE NUMBER	
ADDRESS (PHYSICAL)	CITY	STATE	ZIP CODE
2.10 LEGAL DESCRIPTION (PLANT SITE)			
1/4	1/4	1/4	SEC. T R COUNTY

3.00 OWNER

NAME	EMAIL ADDRESS	TELEPHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE

4.00 CONTINUING AUTHORITY: permanent organization which will serve as the continuing authority for the operation, maintenance and modernization of the facility.

NAME	TELEPHONE NUMBER		
ADDRESS	CITY	STATE	ZIP CODE

5.00 OPERATOR

NAME	CERTIFICATE NUMBER (IF APPLICABLE)	TELEPHONE NUMBER
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6.00 FACILITY CONTACT

NAME	TITLE	TELEPHONE NUMBER
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7.00 ADDITIONAL FACILITY INFORMATION

7.10 BRIEF DESCRIPTION OF FACILITIES

7.15 TOPOGRAPHIC MAP. ATTACH TO THIS APPLICATION A TOPOGRAPHIC MAP OF THE AREA EXTENDING AT LEAST ONE MILE BEYOND FACILITY PROPERTY BOUNDARIES. THIS MAP MUST SHOW THE OUTLINE OF THE FACILITY AND THE FOLLOWING INFORMATION. (YOU MAY SUBMIT MORE THAN ONE MAP IF ONE MAP DOES NOT SHOW THE ENTIRE AREA.)

- The area surrounding the treatment plant, including all unit processes.
- The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.
- The actual point of discharge.
- Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.
- Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.
- If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

7.20 PROCESS FLOW DIAGRAM OR SCHEMATIC. PROVIDE A DIAGRAM SHOWING THE PROCESSES OF THE TREATMENT PLANT. ALSO, PROVIDE A WATER BALANCE SHOWING ALL TREATMENT UNITS, INCLUDING DISINFECTION (E.G. CHLORINATION AND DECHLORINATION). THE WATER BALANCE MUST SHOW DAILY AVERAGE FLOW RATES AT INFLUENT AND DISCHARGE POINTS AND APPROXIMATE DAILY FLOW RATES BETWEEN TREATMENT UNITS. INCLUDE A BRIEF NARRATIVE DESCRIPTION OF THE DIAGRAM.

7.25 FACILITY SIC CODE	DISCHARGE SIC CODE
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7.30 NUMBER OF SEPARATE DISCHARGE POINTS

7.00 ADDITIONAL FACILITY INFORMATION (CONTINUED)			
7.35 NUMBER OF PERSONS PRESENTLY CONNECTED OR POPULATION EQUIVALENT		DESIGN PE	
NUMBER OF UNITS PRESENTLY CONNECTED			
HOMES	APARTMENTS	TRAILERS	OTHER
TOTAL DESIGN FLOW (ALL OUTFALLS)		ACTUAL FLOW	
7.40 DOES ANY BYPASSING OCCUR ANYWHERE IN THE COLLECTION SYSTEM OR AT THE TREATMENT FACILITY? (IF YES, ATTACH EXPLANATION) <input type="checkbox"/> YES <input type="checkbox"/> NO			
7.50 IS INDUSTRIAL WASTE DISCHARGED TO THE FACILITY IDENTIFIED IN ITEM 2? <input type="checkbox"/> YES <input type="checkbox"/> NO			
7.60 WILL THE DISCHARGE BE CONTINUOUS THROUGH THE YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO			
A. DISCHARGE WILL OCCUR DURING THE FOLLOWING MONTHS		B. HOW MANY DAYS OF THE WEEK WILL THE DISCHARGE OCCUR?	
7.70 IS WASTEWATER LAND APPLIED? (IF YES, ATTACH FORM I) <input type="checkbox"/> YES <input type="checkbox"/> NO		7.80 DOES THIS FACILITY DISCHARGE TO A LOSING STREAM OR SINKHOLE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
7.90 HAS A WASTE LOAD ALLOCATION STUDY BEEN COMPLETED FOR THIS FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
7.95 LIST ALL PERMIT VIOLATIONS, INCLUDING EFFLUENT LIMIT EXCEEDANCES IN THE LAST 5 YEARS. ATTACH A SEPARATE SHEET IF NECESSARY. IF NONE, WRITE NONE.			
8.00 SLUDGE HANDLING, USE AND DISPOSAL			
8.10 IS THE SLUDGE A HAZARDOUS WASTE AS DEFINED BY 10 CSR 25? <input type="checkbox"/> YES <input type="checkbox"/> NO			
8.20 SLUDGE PRODUCTION, INCLUDING SLUDGE RECEIVED FROM OTHERS		ACTUAL DRY TONS/YEAR	
DESIGN DRY TONS/YEAR			
8.30 CAPACITY OF SLUDGE HOLDING STRUCTURES			
8.31 SLUDGE STORAGE PROVIDED _____ CUBIC FEET _____ DAYS OF STORAGE _____ AVERAGE PERCENT SOLIDS OF SLUDGE. <input type="checkbox"/> NO SLUDGE STORAGE IS PROVIDED.			
8.32 TYPE OF STORAGE <input type="checkbox"/> HOLDING TANK <input type="checkbox"/> BASIN <input type="checkbox"/> BUILDING <input type="checkbox"/> CONCRETE PAD <input type="checkbox"/> OTHER (DESCRIBE) _____			
8.40 SLUDGE TREATMENT <input type="checkbox"/> ANAEROBIC DIGESTER <input type="checkbox"/> STORAGE TANK <input type="checkbox"/> LIME STABILIZATION <input type="checkbox"/> LAGOON <input type="checkbox"/> AEROBIC DIGESTER <input type="checkbox"/> AIR OR HEAT DRYING <input type="checkbox"/> COMPOSTING <input type="checkbox"/> OTHER (ATTACH DESCRIPTION)			
8.50 SLUDGE USE OR DISPOSAL <input type="checkbox"/> LAND APPLICATION <input type="checkbox"/> CONTRACT HAULER <input type="checkbox"/> HAULED TO ANOTHER TREATMENT FACILITY <input type="checkbox"/> SOLID WASTE LANDFILL <input type="checkbox"/> SURFACE DISPOSAL (SLUDGE DISPOSAL LAGOON, SLUDGE HELD FOR MORE THAN 2 YEARS) <input type="checkbox"/> INCINERATION <input type="checkbox"/> OTHER (ATTACH EXPLANATION SHEET) _____			
8.60 PERSON RESPONSIBLE FOR HAULING SLUDGE TO DISPOSAL FACILITY			
NAME			
ADDRESS		CITY	STATE ZIP CODE
CONTACT PERSON		TELEPHONE NUMBER	PERMIT NO. MO-
8.70 SLUDGE USE OR DISPOSAL FACILITY			
<input type="checkbox"/> BY APPLICANT <input type="checkbox"/> BY OTHERS (COMPLETE BELOW)			
NAME			
ADDRESS		CITY	STATE ZIP CODE
CONTACT PERSON		TELEPHONE NUMBER	PERMIT NO. MO-
8.80 DOES THE SLUDGE OR BIOSOLIDS DISPOSAL COMPLY WITH FEDERAL SLUDGE REGULATIONS UNDER 40 CFR 503? <input type="checkbox"/> YES <input type="checkbox"/> NO (ATTACH EXPLANATION)			
9.00 DOWNSTREAM LANDOWNER(S) (ATTACH ADDITIONAL SHEETS AS NECESSARY.)			
NAME			
ADDRESS		CITY	STATE ZIP CODE

10.00 DRINKING WATER SUPPLY INFORMATION

10.10 SOURCE OF YOUR DRINKING WATER SUPPLY

A. PUBLIC SUPPLY (MUNICIPAL OR WATER DISTRICT WATER) (IF PUBLIC, PLEASE GIVE NAME OF PUBLIC SUPPLY)

B. PRIVATE WELL

C. SURFACE WATER (LAKE, POND, OR STREAM)

10.20 DOES YOUR DRINKING WATER SOURCE SERVE AT LEAST 25 PEOPLE AT LEAST 60 DAYS PER YEAR (NOT NECESSARILY CONSECUTIVE DAYS)?

☐ YES ☐ NO

10.30 DOES YOUR SUPPLY SERVE HOUSING WHICH IS OCCUPIED YEAR ROUND BY THE SAME PEOPLE? THIS DOES NOT INCLUDE HOUSING WHICH IS OCCUPIED SEASONALLY.

☐ YES ☐ NO

MAKE ADDITIONAL COPIES OF THIS FORM FOR EACH OUTFALL.			
FACILITY NAME		PERMIT NO. MO-	OUTFALL NO.
PART B – ADDITIONAL APPLICATION INFORMATION			
11.00 INFLOW AND INFILTRATION			
ESTIMATE THE AVERAGE NUMBER OF GALLONS PER DAY THAT FLOW INTO THE TREATMENT WORKS FROM INFLOW AND/OR INFILTRATION. <div style="text-align: center;">gpd</div>			
BRIEFLY EXPLAIN ANY STEPS UNDERWAY OR PLANNED TO MINIMIZE INFLOW AND INFILTRATION. _____			
11.10 OPERATION/MAINTENANCE PERFORMED BY CONTRACTOR(S)			
ARE ANY OPERATIONAL OR MAINTENANCE ASPECTS (RELATED TO WASTEWATER TREATMENT AND EFFLUENT QUALITY) OF THE TREATMENT WORKS THE RESPONSIBILITY OF A CONTRACTOR? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, LIST THE NAME, ADDRESS, TELEPHONE NUMBER, AND STATUS OF EACH CONTRACTOR AND DESCRIBE THE CONTRACTOR'S RESPONSIBILITIES (ATTACH ADDITIONAL PAGES IF NECESSARY).			
NAME			
MAILING ADDRESS			
TELEPHONE NUMBER			
RESPONSIBILITIES OF CONTRACTOR _____			
11.20 SCHEDULED IMPROVEMENTS AND SCHEDULES OF IMPLEMENTATION. PROVIDE INFORMATION ON ANY UNCOMPLETED IMPLEMENTATION SCHEDULE OR UNCOMPLETED PLANS FOR IMPROVEMENTS THAT WILL AFFECT THE WASTEWATER TREATMENT, EFFLUENT QUALITY, OR DESIGN CAPACITY OF THE TREATMENT WORKS. IF THE TREATMENT WORKS HAS SEVERAL DIFFERENT IMPLEMENTATION SCHEDULES OR IS PLANNING SEVERAL IMPROVEMENTS, SUBMIT SEPARATE RESPONSES TO QUESTION B-11.30 FOR EACH. (IF NONE, GO TO QUESTION B-11.40)			
A. LIST THE OUTFALL NUMBER THAT IS COVERED BY THIS IMPLEMENTATION SCHEDULE OUTFALL NO.		B. INDICATE WHETHER THE PLANNED IMPROVEMENTS OR IMPLEMENTATION SCHEDULE ARE REQUIRED BY LOCAL, STATE, OR FEDERAL AGENCIES. <input type="checkbox"/> YES <input type="checkbox"/> NO	
11.30 WASTEWATER DISCHARGES: COMPLETE QUESTIONS 11.40 THROUGH 11.80 ONCE FOR EACH OUTFALL (INCLUDING BYPASS POINTS) THROUGH WHICH EFFLUENT IS DISCHARGED. DO NOT INCLUDE INFORMATION ON COMBINED SEWER OVERFLOWS IN THIS SECTION.			
11.40 DESCRIPTION OF OUTFALL			
A. OUTFALL NUMBER			
B. LOCATION 1/4 _____ 1/4 _____ 1/4 _____ SECTION _____ TOWNSHIP _____ RANGE _____ <input type="checkbox"/> E <input type="checkbox"/> W LATITUDE _____ LONGITUDE _____			
C. DISTANCE FROM SHORE (IF APPLICABLE) <div style="text-align: right;">ft.</div>		D. DEPTH BELOW SURFACE (IF APPLICABLE) <div style="text-align: right;">ft.</div>	
		E. AVERAGE DAILY FLOW RATE <div style="text-align: right;">mgd</div>	
F. DOES THIS OUTFALL HAVE EITHER AN INTERMITTENT OR A PERIODIC DISCHARGE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE THE FOLLOWING INFORMATION:			
NUMBER OF DAYS PER YEAR DISCHARGE OCCURS	AVERAGE DURATION OF EACH DISCHARGE	AVERAGE FLOW PER DISCHARGE <div style="text-align: right;">mgd</div>	MONTHS IN WHICH DISCHARGE OCCURS
G. IS OUTFALL EQUIPPED WITH A DIFFUSER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
11.50 DESCRIPTION OF RECEIVING WATER			
A. NAME OF RECEIVING WATER			
B. NAME OF WATERSHED (IF KNOWN)		UNITED STATES SOIL CONSERVATION SERVICE 14-DIGIT WATERSHED CODE (IF KNOWN)	
C. NAME OF STATE MANAGEMENT/RIVER BASIN (IF KNOWN)		UNITED STATES GEOLOGICAL SURVEY 8-DIGIT HYDROLOGIC CATALOGING UNIT CODE (IF KNOWN)	
D. CRITICAL FLOW OF RECEIVING STREAM (IF APPLICABLE) ACUTE _____ cfs CHRONIC _____ cfs		E. TOTAL HARDNESS OF RECEIVING STREAM AT CRITICAL LOW FLOW (IF APPLICABLE) <div style="text-align: right;">mg/L of CaCO₃</div>	
11.60 DESCRIPTION OF TREATMENT			
A. WHAT LEVELS OF TREATMENT ARE PROVIDED? CHECK ALL THAT APPLY. <input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY <input type="checkbox"/> ADVANCED <input type="checkbox"/> OTHER (DESCRIBE) _____			

11.60 DESCRIPTION OF TREATMENT (CONTINUED)

B. INDICATE THE FOLLOWING REMOVAL RATES (AS APPLICABLE)

DESIGN BOD₅ REMOVAL **OR** DESIGN CBOD₅ REMOVAL
%

DESIGN SS REMOVAL
%

DESIGN P REMOVAL
%

DESIGN N REMOVAL
%

OTHER
%

C. WHAT TYPE OF DISINFECTION IS USED FOR THE EFFLUENT FROM THIS OUTFALL? IF DISINFECTION VARIES BY SEASON, PLEASE DESCRIBE.

IF DISINFECTION IS BY CHLORINATION, IS DECHLORINATION USED FOR THIS OUTFALL?

☐ YES
☐ NO

D. DOES THE TREATMENT PLANT HAVE POST AERATION?

☐ YES
☐ NO

11.70 EFFLUENT TESTING INFORMATION. ALL APPLICANTS THAT DISCHARGE TO WATERS OF THE US MUST PROVIDE EFFLUENT TESTING DATA FOR THE FOLLOWING PARAMETERS. PROVIDE THE INDICATED EFFLUENT DATA **FOR EACH OUTFALL THROUGH WHICH EFFLUENT IS DISCHARGED**. DO NOT INCLUDE INFORMATION OF COMBINED SEWER OVERFLOWS IN THIS SECTION. ALL INFORMATION REPORTED MUST BE BASED ON DATA COLLECTED THROUGH ANALYSIS CONDUCTED USING 40 CFR PART 136 METHODS. IN ADDITION, THIS DATA MUST COMPLY WITH QA/QC REQUIREMENTS OF 40 CFR PART 136 AND OTHER APPROPRIATE QA/QC REQUIREMENTS FOR STANDARD METHODS FOR ANALYTES NOT ADDRESSED BY 40 CFR PART 136.

OUTFALL NUMBER

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	VALUE	UNITS	VALUE	UNITS	NO. OF SAMPLES
pH (MINIMUM)		S.U.			
pH (MAXIMUM)		S.U.			
FLOW RATE		MGD			
TEMPERATURE (WINTER)		° F			
TEMPERATURE (SUMMER)		° F			

*FOR pH PLEASE REPORT A MINIMUM AND A MAXIMUM DAILY VALUE.

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML/MDL
	CONC.	UNITS	CONC.	UNITS	NO. OF SAMPLES		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS							
BIOCHEMICAL (BOD ₅)		mg/L		mg/L			
OXYGEN DEMAND (REPORT ONE) (CBOD ₅)		mg/L		mg/L			
FECAL COLIFORM		#/100 mL		#/100 mL			
TOTAL SUSPENDED SOLIDS (TSS)		mg/L		mg/L			

11.80 EFFLUENT TESTING DATA. APPLICANTS THAT DISCHARGE TO WATERS OF THE US MUST PROVIDE EFFLUENT TESTING DATA FOR THE FOLLOWING PARAMETERS. PROVIDE THE INDICATED EFFLUENT DATA **FOR EACH OUTFALL THROUGH WHICH EFFLUENT IS DISCHARGED**. DO NOT INCLUDE INFORMATION ON COMBINED SEWER OVERFLOWS IN THIS SECTION. ALL INFORMATION REPORTED MUST BE BASED ON DATA COLLECTED THROUGH ANALYSIS CONDUCTED USING 40 CFR PART 136 METHODS. IN ADDITION THIS DATA MUST COMPLY WITH QA/QC REQUIREMENTS OF 40 CFR PART 136 AND OTHER APPROPRIATE QA/QC REQUIREMENTS FOR STANDARD METHODS FOR ANALYTES NOT ADDRESSED BY 40 CFR PART 136.

OUTFALL NUMBER

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML/MDL
	CONC.	UNITS	CONC.	UNITS	NO. OF SAMPLES		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS							
AMMONIA (AS N)		mg/L		mg/L			
CHLORINE (TOTAL RESIDUAL, TRC)		mg/L		mg/L			
DISSOLVED OXYGEN		mg/L		mg/L			
TOTAL KJELDAHL NITROGEN (TKN)		mg/L		mg/L			
NITRATE PLUS NITRATE NITROGEN		mg/L		mg/L			
OIL AND GREASE		mg/L		mg/L			
PHOSPHORUS (TOTAL)		mg/L		mg/L			
TOTAL DISSOLVED SOLIDS (TDS)		mg/L		mg/L			
OTHER		mg/L		mg/L			

END OF PART B.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM B2 YOU MUST COMPLETE.

PART C – CERTIFICATION
12.00 CERTIFICATION
ALL APPLICANTS MUST COMPLETE THE CERTIFICATION SECTION. THIS CERTIFICATION MUST BE SIGNED BY AN OFFICER OF THE COMPANY OR CITY OFFICIAL. ALL APPLICANTS MUST COMPLETE ALL APPLICABLE SECTIONS AS EXPLAINED IN THE APPLICATION OVERVIEW. BY SIGNING THIS CERTIFICATION STATEMENT, APPLICANTS CONFIRM THAT THEY HAVE REVIEWED THE ENTIRE FORM AND HAVE COMPLETED ALL SECTIONS THAT APPLY TO THE FACILITY FOR WHICH THIS APPLICATION IS SUBMITTED.
ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.
NAME AND OFFICIAL TITLE (MUST BE AN OFFICER OF THE COMPANY OR CITY OFFICIAL)
SIGNATURE
TELEPHONE NUMBER
DATE SIGNED
UPON REQUEST OF THE PERMITTING AUTHORITY, YOU MUST SUBMIT ANY OTHER INFORMATION NECESSARY TO ASSESS WASTEWATER TREATMENT PRACTICES AT THE TREATMENT WORKS OR IDENTIFY APPROPRIATE PERMITTING REQUIREMENTS.
SEND COMPLETED FORMS TO:
<div>END OF PART C.</div> <div>REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM B2 YOU MUST COMPLETE.</div>
DO NOT COMPLETE THE REMAINDER OF THIS APPLICATION, UNLESS: 1. YOUR FACILITY DESIGN FLOW IS EQUAL TO OR GREATER THAN 1.0 MGD (1,000,000 GALLONS PER DAY) AND/OR 2. YOUR FACILITY IS A PRE-TREATMENT TREATMENT WORKS.

MAKE ADDITIONAL COPIES OF THIS FORM FOR EACH OUTFALL.

FACILITY NAME	PERMIT NO. MO-	OUTFALL NO.
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PART D – EXPANDED EFFLUENT TESTING DATA

13.00 EXPANDED EFFLUENT TESTING DATA

REFER TO THE DIRECTIONS ON THE COVER PAGE TO DETERMINE WHETHER APPLIES TO THE TREATMENT WORKS.

EFFLUENT TESTING: IF THE TREATMENT WORKS HAS A DESIGN FLOW GREATER THAN OR EQUAL TO 1.0 MGD OR IT HAS (OR IS REQUIRED TO HAVE) A PRETREATMENT PROGRAM, OR IS OTHERWISE REQUIRED BY THE PERMITTING AUTHORITY TO PROVIDE THE DATA, THEN PROVIDE EFFLUENT TESTING DATA FOR THE FOLLOWING POLLUTANTS. PROVIDE THE INDICATED EFFLUENT TESTING INFORMATION **FOR EACH OUTFALL THROUGH WHICH EFFLUENT IS DISCHARGED**. DO NOT INCLUDE INFORMATION ON COMBINED SEWER OVERFLOWS IN THIS SECTION. ALL INFORMATION REPORTED MUST BE BASED ON DATA COLLECTED THROUGH ANALYSIS CONDUCTED USING 40 CFR PART 136 METHODS. IN ADDITION, THIS DATA MUST COMPLY WITH QA/QC REQUIREMENTS OF 40 CFR PART 136 AND OTHER APPROPRIATE QA/QC REQUIREMENTS FOR STANDARD METHODS FOR ANALYTES NOT ADDRESSED BY 40 CFR PART 136. INDICATE IN THE BLANK ROWS PROVIDED BELOW ANY DATA YOU MAY HAVE ON POLLUTANTS NOT SPECIFICALLY LISTED IN THIS FORM. EFFLUENT TESTING DATA MUST NOT BE MORE THAN FOUR AND ONE-HALF YEARS OLD.

OUTFALL NUMBER (COMPLETE ONCE FOR EACH OUTFALL DISCHARGING EFFLUENT TO WATERS OF THE STATE.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	CONC.	UNITS	MASS	UNITS	CONC	UNITS	MASS	UNITS	# OF SAMPLES		

METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS

ANTIMONY											
ARSENIC											
BERYLLIUM											
CADMIUM											
CHROMIUM											
COPPER											
LEAD											
MERCURY											
NICKEL											
SELENIUM											
SILVER											
THALLIUM											
ZINC											
CYANIDE											
TOTAL PHENOLIC COMPOUNDS											
HARDNESS (as CaCO ₃)											

USE THIS SPACE (OR A SEPARATE SHEET) TO PROVIDE INFORMATION ON OTHER METALS REQUESTED BY THE PERMIT WRITER.

FACILITY NAME					PERMIT NO. MO-					OUTFALL NO.		
COMPLETE ONCE FOR EACH OUTFALL DISCHARGING EFFLUENT TO WATERS OF THE STATE.												
POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					# OF SAMPLES	ANALYTICAL METHOD	ML/MDL
	CONC.	UNITS	MASS	UNITS	CONC	UNITS	MASS	UNITS				
VOLATILE ORGANIC COMPOUNDS												
ACROLEIN												
ACRYLONITRILE												
BENZENE												
BROMOFORM												
CARBON TETRACHLORIDE												
COLOROBENZENE												
CHLORODIBROMO- METHANE												
CHLOROETHANE												
2-CHLORO- ETHYLVINYL ETHER												
CHLOROFORM												
DICHLOROBROMO- METHANE												
1,1-DICHLORO- ETHANE												
1,2-DICHLORO- ETHANE												
TRANS-1,2- DICHLOROETHYLENE												
1,1-DICHLORO- ETHYLENE												
1,2-DICHLORO- PROPANE												
1,3-DICHLORO- PROPYLENE												
ETHYLBENZENE												
METHYL BROMIDE												
METHYL CHLORIDE												
METHYLENE CHLORIDE												
1,1,2,2-TETRA- CHLOROETHANE												
TETRACHLORO- ETHANE												
TOLUENE												
3,4-BENZO- FLUORANTHENE												
BENZO(GH) PHERYLENE												
BENZO(K) FLUORANTHENE												

FACILITY NAME				PERMIT NO. MO-				OUTFALL NO.			
COMPLETE ONCE FOR EACH OUTFALL DISCHARGING EFFLUENT TO WATERS OF THE STATE.											
POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	CONC.	UNITS	MASS	UNITS	CONC	UNITS	MASS	UNITS	# OF SAMPLES		
VOLATILE ORGANIC COMPOUNDS (CONTINUED)											
BIS (2-CHLOROTHOXY) METHANE											
BIS (2-CHLOROETHYL)-ETHER											
BIS (2-ETHYLHEXYL) PHTHALATE											
4-BROMOPHENYL PHENYL ETHER											
BUTYL BENZYL PHTHALATE											
2-CHLORONAPH-THALENE											
4-CHLORPHENYL PHENYL ETHER											
CHRYSENE											
DI-N-BUTYL PHTHALATE											
DEBENZO(A,H) ANTHRACENE											
1,2-DICHLORO-BENZENE											
1,3-DICHLORO-BENZENE											
1,4-DICHLORO-BENZENE											
3,3-DICHLORO-BENZIDINE											
DIETHYL PHTHALATE											
DIMETHYL PHTHALATE											
2,4-DINITRO-TOLUENE											
2,6-DINITRO-TOLUENE											
1,2-DIPHENYL-HYDRAZINE											
1,1,1-TRICHLORO-ETHANE											
1,1,2-TRICHLORO-ETHANE											
TRICHLORETHYLENE											
VINYL CHLORIDE											
USE THIS SPACE (OR A SEPARATE SHEET) TO PROVIDE INFORMATION ON OTHER VOLATIC ORGANIC COMPOUNDS REQUESTED BY THE PERMIT WRITER.											

FACILITY NAME				PERMIT NO. MO-				OUTFALL NO.			
COMPLETE ONCE FOR EACH OUTFALL DISCHARGING EFFLUENT TO WATERS OF THE STATE.											
POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	
	CONC.	UNITS	MASS	UNITS	CONC	UNITS	MASS	UNITS	# OF SAMPLES		
ACID-EXTRACTABLE COMPOUNDS											
P-CHLORO-M-CRESOL											
2-CHLOROPHENOL											
2,4-DICHLOROPHENOL											
2,4-DIMETHYLPHENOL											
4,6-DINITRO-O-CRESOL											
2,4-DINITROPHENOL											
2-NITROPHENOL											
4-NITROPHENOL											
PENTACHLOROPHENOL											
PHENOL											
2,4,6-TRICHLOROPHENOL											
USE THIS SPACE (OR A SEPARATE SHEET) TO PROVIDE INFORMATION ON OTHER ACID-EXTRACTABLE COMPOUNDS REQUESTED BY THE PERMIT WRITER.											

FACILITY NAME				PERMIT NO. MO-				OUTFALL NO.			
COMPLETE ONCE FOR EACH OUTFALL DISCHARGING EFFLUENT TO WATERS OF THE STATE.											
POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	
	CONC.	UNITS	MASS	UNITS	CONC	UNITS	MASS	UNITS	# OF SAMPLES		
BASE-NEUTRAL COMPOUNDS											
ACENAPHTHENE											
ACENAPHTHYLENE											
ANTHRACENE											
BENZIDINE											
BENZO(A)ANTHRACENE											
BENZO(A)PYRENE											
FLUORANTHENE											
FLUORENE											
HEXACHLOROBENZENE											
HEXACHLOROCYCLO-PENTADIENE											
HEXACHLOROETHANE											
INDENO (1,2,3-CD)PYRENE											
ISOPHORONE											
NAPHTHALENE											
NITROBENZENE											
N-NITROSODI-METHYLAMINE											
N-NITROSODI-METHYLAMINE											
N-NITROSODI-PHENYLAMINE											
PHENANTHRENE											
PYRENE											
1,2,4-TRICHLOROBENZENE											
USE THIS SPACE (OR SEPARATE SHEET) TO PROVIDE INFORMATION ON OTHER BASE-NEUTRAL COMPOUNDS REQUESTED BY THE PERMIT WRITER.											
USE THIS SPACE (OR SEPARATE SHEET) TO PROVIDE INFORMATION ON OTHER BASE-NEUTRAL COMPOUNDS REQUESTED BY THE PERMIT WRITER.											
END OF PART D. REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM B2 YOU MUST COMPLETE.											

MAKE ADDITIONAL COPIES OF THIS FORM FOR EACH OUTFALL.			
FACILITY NAME		PERMIT NO. MO-	OUTFALL NO.
PART E – TOXICITY TESTING DATA			
14.00 TOXICITY TESTING DATA			
REFER TO THE DIRECTIONS ON THE COVER PAGE TO DETERMINE WHETHER APPLIES TO THE TREATMENT WORKS.			
POTWS MEETING ONE OR MORE OF THE FOLLOWING CRITERIA MUST PROVIDE THE RESULTS OF WHOLE EFFLUENT TOXICITY TESTS FOR ACUTE OR CHRONIC TOXICITY FOR EACH OF THE FACILITY'S DISCHARGE POINTS:			
<div style="margin-left: 20px;"> A. POTWS WITH A DESIGN FLOW RATE GREATER THAN OR EQUAL TO 1.0 MGD; B. POTWS WITH A PRETREATMENT PROGRAM (OR THOSE THAT ARE REQUIRED TO HAVE ONE UNDER 40 CFR PART 403); OR C. POTWS REQUIRED BY THE PERMITTING AUTHORITY TO SUBMIT DATA FOR THESE PARAMETERS <ul style="list-style-type: none"> AT A MINIMUM, THESE RESULTS MUST INCLUDE QUARTERLY TESTING FOR A 12-MONTH PERIOD WITHIN THE PAST 1 YEAR USING MULTIPLE SPECIES (MINIMUM OF TWO SPECIES), OR THE RESULTS FROM FOUR TESTS PERFORMED AT LEAST ANNUALLY IN THE FOUR AND ONE-HALF YEARS PRIOR TO THE APPLICATION, PROVIDED THE RESULTS SHOW NO APPRECIABLE TOXICITY, AND TESTING FOR ACUTE AND/OR CHRONIC TOXICITY, DEPENDING ON THE RANGE OF RECEIVING WATER DILUTION. DO NOT INCLUDE INFORMATION ON COMBINED SEWER OVERFLOWS IN THIS SECTION. ALL INFORMATION REPORTED MUST BE BASED ON DATA COLLECTED THROUGH ANALYSIS CONDUCTED USING 40 CFR PART 136 METHODS. IN ADDITION, THIS DATA MUST COMPLY WITH QA/QC REQUIREMENTS OF 40 CFR PART 136 AND OTHER APPROPRIATE QA/QC REQUIREMENTS FOR STANDARD METHODS FOR ANALYTES NOT ADDRESSED BY 40 CFR PART 136. IF EPA METHODS WERE NOT USED, REPORT THE REASONS FOR USING ALTERNATE METHODS. IF TEST SUMMARIES ARE AVAILABLE THAT CONTAIN ALL OF THE INFORMATION REQUESTED BELOW, THEY MAY BE SUBMITTED IN PLACE OF PART E. IF NO BIOMONITORING DATA IS REQUIRED, DO NOT COMPLETE PART E. REFER TO THE APPLICATION OVERVIEW FOR DIRECTIONS ON WHICH OTHER SECTIONS OF THE FORM TO COMPLETE. </div>			
14.10 REQUIRED TESTS. INDICATE THE NUMBER OF WHOLE EFFLUENT TOXICITY TESTS CONDUCTED IN THE PAST FOUR AND ONE-HALF YEARS.			
CHRONIC		ACUTE	
INDIVIDUAL TEST DATA. COMPLETE THE FOLLOWING CHART FOR THE LAST 3 WHOLE EFFLUENT TOXICITY TEST . ALLOW ONE COLUMN PER TEST (WHERE EACH SPECIES CONSTITUTES A TEST). COPY THIS PAGE IF MORE THAN THREE TESTS ARE BEING REPORTED.			
TEST NUMBER	TEST NUMBER		TEST NUMBER
	MOST RECENT	2ND MOST RECENT	3RD MOST RECENT
A. TEST INFORMATION			
TEST SPECIES & TEST METHOD NUMBER			
AGE AT INITIATION OF TEST			
OUTFALL NUMBER			
DATES SAMPLE COLLECTED			
DATE TEST STARTED			
DURATION			
B. GIVE TOXICITY TEST METHODS FOLLOWED			
MANUAL TITLE			
EDITION NUMBER AND YEAR OF PUBLICATION			
PAGE NUMBER(S)			
C. GIVE THE SAMPLE COLLECTION METHOD(S) USED. FOR MULTIPLE GRAB SAMPLES, INDICATE THE NUMBER OF GRAB SAMPLES USED.			
24-HOUR COMPOSITE			
GRAB			
D. INDICATE WHERE THE SAMPLE WAS TAKEN IN RELATION TO DISINFECTION. (CHECK ALL THAT APPLY FOR EACH)			
BEFORE DISINFECTION			
AFTER DISINFECTION			
AFTER DECHLORINATION			
E. DESCRIBE THE POINT IN THE TREATMENT PROCESS AT WHICH THE SAMPLE WAS COLLECTED.			
SAMPLE WAS COLLECTED			
F. FOR EACH TEST, INCLUDE WHETHER THE TEST WAS INTENDED TO ASSESS CHRONIC TOXICITY, ACUTE TOXICITY, OR BOTH.			
CHRONIC TOXICITY			
ACUTE TOXICITY			
G. PROVIDE THE TYPE OF TEST PERFORMED			
STATIC			
STATIC-RENEWAL			
FLOW-THROUGH			
H. SOURCE OF DILUTION WATER. IF LABORATORY WATER, SPECIFY TYPE; IF RECEIVING WATER, SPECIFY SOURCE			
LABORATORY WATER			
RECEIVING WATER			

PART E – TOXICITY TESTING DATA (CONTINUED)**14.00 TOXICITY TESTING DATA (CONTINUED)**

	MOST RECENT	2ND MOST RECENT	3RD MOST RECENT
I. TYPE OF DILUTION WATER. IF SALT WATER, SPECIFY "NATURAL" OR TYPE OF ARTIFICIAL SEA SALTS OR BRINE USED.			
FRESH WATER			
SALT WATER			
J. GIVE THE PERCENTAGE EFFLUENT USED FOR ALL CONCENTRATIONS IN THE TEST SERIES.			
K. PARAMETERS MEASURED DURING THE TEST. (STATE WHETHER PARAMETER MEETS TEST METHOD SPECIFICATIONS)			
pH			
SALINITY			
TEMPERATURE			
AMMONIA			
DISSOLVED OXYGEN			
L. TEST RESULTS			
ACUTE:			
PERCENT IN SURVIVAL IN 100% EFFLUENT			
LC ₅₀			
95% C.I.			
CONTROL PERCENT SURVIVAL			
OTHER (DESCRIBE)			
CHRONIC:			
NOEC			
IC ₂₅			
CONTROL PERCENT SURVIVAL			
OTHER (DESCRIBE)			
M. QUALITY CONTROL ASSURANCE			
IS REFERENCE TOXICANT DATA AVAILABLE?			
WAS REFERENCE TOXICANT TEST WITHIN ACCEPTABLE BOUNDS?			
WHAT DATE WAS REFERENCED TOXICANT TEST RUN (MM/DD/YYYY)?			
OTHER (DESCRIBE)			

14.20 TOXICITY REDUCTION EVALUATION

IS THE TREATMENT WORKS INVOLVED IN A TOXICITY REDUCTION EVALUATION?

☐ YES ☐ NO

IF YES, DESCRIBE: _____

14.30 SUMMARY OF SUBMITTED BIOMONITORING TEST INFORMATION

IF YOU HAVE SUBMITTED BIOMONITORING TEST INFORMATION, OR INFORMATION REGARDING THE CAUSE OF TOXICITY, WITHIN THE PAST FOUR AND ONE-HALF YEARS, PROVIDE THE DATES THE INFORMATION WAS SUBMITTED TO THE PERMITTING AUTHORITY AND A SUMMARY OF THE RESULTS.

DATE SUBMITTED (MM/DD/YYYY)

SUMMARY OF RESULTS (SEE INSTRUCTIONS)

END OF PART E.**REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM B2 YOU MUST COMPLETE.**

MAKE ADDITIONAL COPIES OF THIS FORM FOR EACH OUTFALL.			
FACILITY NAME		PERMIT NO. MO-	OUTFALL NO.
PART F – INDUSTRIAL USER DICHARGES AND RCRA/CERCLA WASTES			
15.00 INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES			
ALL TREATMENT WORKS RECEIVING DISCHARGES FROM SIGNIFICANT INDUSTRIAL USERS OR WHICH RECEIVE RCRA, CERCLA, OR OTHER REMEDIAL WASTES MUST COMPLETE THIS FORM.			
GENERAL INFORMATION			
15.05 PRETREATMENT PROGRAM			
DOES THE TREATMENT WORKS HAVE, OR IS IT SUBJECT TO, AN APPROVED PRETREATMENT PROGRAM?			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
15.10 NUMBER OF SIGNIFICANT INDUSTRIAL USERS (SIUs) AND CATEGORICAL INDUSTRIAL USERS (CIUs). PROVIDE THE NUMBER OF EACH OF THE FOLLOWING TYPES OF INDUSTRIAL USERS THAT DISCHARGE TO THE TREATMENT WORKS.			
A. NUMBER OF NON-CATEGORICAL SIUs		B. NUMBER OF CIUs	
15.15 SIGNIFICANT INDUSTRIAL USER INFORMATION			
SUPPLY THE FOLLOWING INFORMATION FOR EACH SIU. IF MORE THAN ONE SIU DISCHARGES TO THE TREATMENT WORKS, PROVIDE THE INFORMATION REQUESTED FOR EACH. SIGNIFICANT INDUSTRIAL USER INFORMATION. PROVIDE THE NAME AND ADDRESS OF EACH SIU DISCHARGING TO THE TREATMENT WORKS. SUBMIT ADDITIONAL PAGES AS NECESSARY.			
NAME			
MAILING ADDRESS			
15.20 INDUSTRIAL PROCESSES			
DESCRIBE ALL OF THE INDUSTRIAL PROCESSES THAT AFFECT OR CONTRIBUTE TO THE SIU's DISCHARGE.			
15.25 PRINCIPAL PRODUCT(S) AND RAW MATERIAL(S)			
DESCRIBE ALL OF THE PRINCIPAL PROCESSES AND RAW MATERIALS THAT AFFECT OR CONTRIBUTE TO THE SIU's DISCHARGE.			
PRINCIPAL PRODUCT(S)			
RAW MATERIAL(S)			
15.30 FLOW RATE			
A. PROCESS WASTEWATER FLOW RATE. INDICATE THE AVERAGE DAILY VOLUME OF PROCESS WASTEWATER DISCHARGED INTO THE COLLECTION SYSTEM IN GALLONS PER DAY (gpd) AND WHETHER THE DISCHARGE IS CONTINUOUS OR INTERMITTENT.			
gpd <input type="checkbox"/> CONTINUOUS <input type="checkbox"/> INTERMITTENT			
B. NON-PROCESS WASTEWATER FLOW RATE. INDICATE THE AVERAGE DAILY VOLUME OF NON-PROCESS WASTEWATER DISCHARGED INTO THE COLLECTION SYSTEM IN GALLONS PER DAY (gpd) AND WHETHER THE DISCHARGE IS CONTINUOUS OR INTERMITTENT.			
gpd <input type="checkbox"/> CONTINUOUS <input type="checkbox"/> INTERMITTENT			
15.35 PRETREATMENT STANDARDS			
INDICATE WHETHER THE SIU IS SUBJECT TO THE FOLLOWING			
A. LOCAL LIMITS <input type="checkbox"/> YES <input type="checkbox"/> NO			
B. CATEGORICAL PRETREATMENT STANDARDS <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS, WHICH CATEGORY AND SUBCATEGORY?			
15.40 PROBLEMS AT THE TREATMENT WORKS ATTRIBUTED TO WASTE DISCHARGED BY THE SIU			
HAS THE SIU CAUSED OR CONTRIBUTED TO ANY PROBLEMS (E.G., UPSETS, INTERFERENCE) AT THE TREATMENT WORKS IN THE PAST THREE YEARS?			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, DESCRIBE EACH EPISODE _____			
15.45 RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE			
RCRA WASTE. DOES THE TREATMENT WORKS RECEIVE OR HAS IT IN THE PAST THREE YEARS RECEIVED RCRA HAZARDOUS WASTE BY TRUCK, RAIL, OR DEDICATED PIPE?			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
WASTE TRANSPORT. METHOD BY WHICH RCRA WASTE IS RECEIVED (CHECK ALL THAT APPLY)			
<input type="checkbox"/> TRUCK <input type="checkbox"/> RAIL <input type="checkbox"/> DEDICATED PIPE			
WASTE DESCRIPTION. GIVE EPA HAZARDOUS WASTE NUMBER AND AMOUNT (VOLUME OR MASS, SPECIFY UNITS).			
EPA HAZARDOUS WASTE NUMBER	AMOUNT	UNITS	

MAKE ADDITIONAL COPIES OF THIS FORM FOR EACH OUTFALL.

FACILITY NAME

PERMIT NO.
MO-

OUTFALL NO.	
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PART F – INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES (CONTINUED)

15.50 CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER

REMEDATION WASTE. DOES THE TREATMENT WORKS CURRENTLY (OR HAS IT BEEN NOTIFIED THAT IT WILL) RECEIVE WASTE FROM REMEDIAL ACTIVITIES?

☐ YES ☐ NO PROVIDE A LIST OF SITES AND THE REQUESTED INFORMATION FOR EACH CURRENT AND FUTURE SITE.

15.55	WASTE ORIGIN
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DESCRIBE THE SITE AND TYPE OF FACILITY AT WHICH THE CERCLA/RCRA/OR OTHER REMEDIAL WASTE ORIGINATES (OR IS EXPECTED TO ORIGINATE IN THE NEXT FIVE YEARS).

15.60 POLLUTANTS

LIST THE HAZARDOUS CONSTITUENTS THAT ARE RECEIVED (OR ARE EXPECTED TO BE RECEIVED). INCLUDE DATA ON VOLUME AND CONCENTRATION, IF KNOWN. (ATTACH ADDITIONAL SHEETS IF NECESSARY)

15.65 WASTE TREATMENT

A. IS THIS WASTE TREATED (OR WILL IT BE TREATED) PRIOR TO ENTERING THE TREATMENT WORKS?

☐ YES ☐ NO

IF YES, DESCRIBE THE TREATMENT (PROVIDE INFORMATION ABOUT THE REMOVAL EFFICIENCY):

B. IS THE DISCHARGE (OR WILL THE DISCHARGE BE) CONTINUOUS OR INTERMITTENT?

☐ CONTINUOUS ☐ INTERMITTENT

IF INTERMITTENT, DESCRIBE DISCHARGE SCHEDULE.

END OF PART E.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM B2 YOU MUST COMPLETE.

MAKE ADDITIONAL COPIES OF THIS FORM FOR EACH OUTFALL.			
FACILITY NAME		PERMIT NO. MO-	OUTFALL NO.
PART G – COMBINED SEWER SYSTEMS			
16.00 COMBINED SEWER SYSTEMS (COMPLETE THIS FORM IF THE TREATMENT WORKS HAS A COMBINED SEWER SYSTEM.)			
16.10 SYSTEM MAP			
PROVIDE A MAP INDICATING THE FOLLOWING: (MAY BE INCLUDED WITH BASIC APPLICATION INFORMATION)			
A. ALL CSO DISCHARGES			
B. SENSITIVE USE AREAS POTENTIALLY AFFECTED BY CSOs (E.G., BEACHES, DRINKING WATER SUPPLIES, SHELLFISH BEDS, SENSITIVE AQUATIC ECOSYSTEMS AND OUTSTANDING NATURAL RESOURCE WATERS.)			
C. WATERS THAT SUPPORT THREATENED AND ENDANGERED SPECIES POTENTIALLY AFFECTED BY CSOs.			
16.20 SYSTEM DIAGRAM			
PROVIDE A DIAGRAM, EITHER IN THE MAP PROVIDED ABOVE OR ON A SEPARATE DRAWING, OF THE COMBINED SEWER COLLECTION SYSTEM THAT INCLUDES THE FOLLOWING INFORMATION:			
A. LOCATIONS OF MAJOR SEWER TRUNK LINES, BOTH COMBINED AND SEPARATE SANITARY.			
B. LOCATIONS OF POINTS WHERE SEPARATE SANITARY SEWERS FEED INTO THE COMBINED SEWER SYSTEM.			
C. LOCATIONS OF IN-LINE AND OFF-LINE STORAGE STRUCTURES.			
D. LOCATIONS OF FLOW-REGULATING DEVICES.			
E. LOCATIONS OF PUMP STATIONS.			
16.30 CSO OUTFALLS. COMPLETE THE FOLLOWING ONCE FOR EACH CSO DISCHARGE POINT.			
16.35 DESCRIPTION OF OUTFALL			
A. OUTFALL NUMBER			
B. LOCATION			
C. DISTANCE FROM SHORE (IF APPLICABLE) FT.		D. DEPTH BELOW SURFACE (IF APPLICABLE) FT.	
E. WHICH OF THE FOLLOWING WERE MONITORED DURING THE LAST YEAR FOR THIS CSO?			
<input type="checkbox"/> RAINFALL <input type="checkbox"/> CSO POLLUTANT CONCENTRATIONS <input type="checkbox"/> CSO			
<input type="checkbox"/> CSO FLOW VOLUME <input type="checkbox"/> RECEIVING WATER QUALITY			
F. HOW MANY STORM EVENTS WERE MONITORED LAST YEAR?			
16.40 CSO EVENTS			
A. GIVE THE NUMBER OF CSO EVENTS IN THE LAST YEAR EVENTS <input type="checkbox"/> ACTUAL <input type="checkbox"/> APPROXIMATE		B. GIVE THE AVERAGE DURATION PER CSO EVENT HOURS <input type="checkbox"/> ACTUAL <input type="checkbox"/> APPROXIMATE	
C. GIVE THE AVERAGE VOLUME PER CSO EVENT MILLION GALLONS <input type="checkbox"/> ACTUAL <input type="checkbox"/> APPROXIMATE		D. GIVE THE MINIMUM RAINFALL THAT CAUSED A CSO EVENT IN THE LAST YEAR INCHES OF RAINFALL	
16.50 DESCRIPTION OF RECEIVING WATERS			
A. NAME OF RECEIVING WATER			
B. NAME OF WATERSHED/RIVER/STREAM SYSTEM		US SOIL CONSERVATION SERVICE 14-DIGIT WATERSHED CODE (IF KNOWN)	
C. NAME OF STATE MANAGEMENT/RIVER BASIN		US GEOLOGICAL SURVEY 8-DIGIT HYDROLOGIC CATALOGING UNIT CODE (IF KNOWN)	
16.60 CSO OPERATIONS			
DESCRIBE ANY KNOWN WATER QUALITY IMPACTS ON THE RECEIVING WATER CAUSED BY THIS CSO (E.G., PERMANENT OR INTERMITTENT BEACH CLOSINGS, PERMANENT OR INTERMITTENT SHELLFISH BED CLOSINGS, FISH KILLS, FISH ADVISORIES, OTHER RECREATIONAL LOSS, OR VIOLATION OF ANY APPLICABLE STATE WATER QUALITY STANDARD).			
<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>			
END OF PART G.			
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM B2 YOU MUST COMPLETE.			